

Incident Report

Print Date/Time: 05/03/2016 10:20

Login ID: ss0139 Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00008255

Incident Date/Time: 5/2/2016 4:10:00 PM

Location: 101ST AVE NE / LUNDEEN PKWY

LAKE STEVENS WA 98258

Phone Number: (206) 326-8774

Report Required: No Prior Hazards: No LE Case Number:

Incident Type: Collision Venue: Lake Stevens

Source: 911 Priority: 3

3 Status: Nature of Call:

(206) 326-8774

Unit/Personnel

Unit Personnel SS0131-Wells 19R1

Person(s)

No. Role Name Address Phone Race Sex DOB

Reporting Party DALLY,

JONATHAN*WITNESS

Vehicle(s)

Role Type Year Make Model Color License State

Disposition(s)

Disposition Count

Property

Date Code Туре Make Model Description Tag No. Item No.

CAD Narrative

05/02/2016: 16:13:28 SP0368 Narrative: THIS RP IS DRIVER OF 1 VEH, ISAAC DINH, 425 345 3991

05/02/2016: 16:12:15 SP0166 Narrative: LR/166

05/02/2016: 16:12:03 SP0166 Narrative: RP WILL BE WITH THE VEHS

05/02/2016: 16:11:21 SP0166 Narrative: AC NON INJURY, NON BLKING - BLK MITS OUTLANDER VS WHI TOYT PICK UP



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16 - 8255

Page / OF /

<u>VICTIM</u> <u>WITNESS</u>	NON-DISCLOSURE
NAME (LAST, FIRST, MIDDLE GOVEY, MEGAY), MAYIE RACE ETHNICITY SEX D.O.B. AGE HO	
STREET ADDRESS CITY	STATE ZIP
10215 Lundeen PKWy B3 Lake Stevens	Wa 98258
HOME PHONE CELL PHONE WORK PHONE	
425-530-7276 425-530-7276 425-530	
EMAIL ADDRESS (OPTIONAL) PLACE OF EMP	
	Inexel!
STATEMENT: 2	\
I was driving down Lundown Parkway and	1 a truck
turned right infront of me. I honked and	Slammed
on my brakes but it was too late. They K	now it
was their fault and they are being really	
about it. My 3 year old was in the	back Seat
and wer are both fine Truly took resp.	SUSI DILITY
for the accident. I that I watch	
	- 1
3 year Old-Quinn Trexel	
1111. 2101 2612	14 1
JUIN 3137 2012	
1431 Hoyt Ave Everett Wa	
& Mikey and Tom Trexel	
	ř.
	[1]
	1
	4
I CERTIFY (OR DECLARE) UNDER PENALTY OF PURJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING	
	DATE SIGNED:
	DATE SIGNED:
C. WRUS /13 1	5/2/16
OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE ENSURING USTICE AND GUARDING DEMOCR	ACY ARE VITAL TO A SAEE

HEALTHY, AND PROSPEROUS COMMUNITY"

LAKE STEVENS POLICE DEPARTMENT

CASE NUMBER	16-6	a		
	10	8522		<u> </u>
VICTIM / WITNESS			3.3	
STREET ADDRESS (1505) CITY	25/99	17	HGT WGT 512" 195 28 6258	HAIR EYES BROWN BROWN RES. STATUS
HOMEPHONE 425-334-6636 425-345-4991		NA MPLOYMEN		
WORK PHONE EMAIL ADDRESS				
I, T264 Dia Dia Did NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSI PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT	ET(S) UNDER	MY CONT	ROL; NOR W	45 .
I wasn't looking and turned i'the	o No	SM5	and ·	
I wasn't locking and turned i'they got hit on my right side. order	750	KAY		
her for got damaged on the front	Milne	cn	He 1	right
	-		•	
	. 			
	·			
	· · · · · · · · · · · · · · · · · · ·			
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTO	ON THAT THE F	OREGOING	IS TRUE AND C	ORRECT
SIGNATURE: DATE SIGNED 05/07/16	LOCATIONSI	5 Ma	ret	
OFFICER/NUMBER: DATE SIGNED / 13(DATE SIGNED / 13(5/2/16	LOCATION SI	GNED KE	STEVE	ک <i>در</i> -

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE___OF___



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16 -8255

Page ___ OF ___

VICTIM WITNESS NON-DISCLOSURE									
~									
NAME (LAST, FIRST, MIDDLE	RACE	ETHNICITY	SEX	D.O.B.	AGE	HGT 5/0	WGT	HAIR	
Dally Jonathan N STREET ADDRESS	White	Caucasian	CIT	8-27-69	76	5,0	190 STATE	5/nd	Blue
1027 89th Dr NE			Lal	a Ster	ens		WA		
HOME PHONE CELL PHO	NE		LUN		RK PHC	ONE	1071	.00	-0
	326	8774							
EMAIL ADDRESS (OPTIONAL)				10		MPLOY	MENT		
STATEMENT:			100000	Yr	ecor				
	() (P. I					
I was traveling west bou	VG O	1 LUNDE	en	1 arkin	ay	near	-		
101 Ave NE on Morday	Ma	4 11	20	016	behi	nd	ثد		
black Mitsubishi Montro	Li	c Plate	世	AYY:	743	,6			
around 418 p.m. Lunde	ign 1	Parkway	h	as 3	lan	25 -	east	sou.10	Į,
westbound and a center	turi	1 - only	lane	del	ineat	ed b	· V		,
y-ellow lines (stripes.		/		/			/		
As I approached the	in Lers	oction (£	Lundon	, C) In I	1,1	VF	
a white Toyota Picku								/	
the center turn lane				_		/			
the black Mitzubishi	ory es	TOINE	0 (P (7		N OK 1	01		
The black Mitsubishi	SWER	red to	4.0	left	h. 1-	Len		nat	
avoid the white Tayo								NO	
the right rear quark								0:50	
door (on the lower be	3 26	Ha JA	20/0) 77.	2 /	lack	M:	10 1 hai	-/
suffered damage to the					E 12	TUCK		2000	5011
Just before swerving,					-/.;	alca	haa	11	
it's horn.	7	DIACE	700	130015	2N /	4150	1011	200	
72 P 1	pulled	Into	tho	nark	sía c.	124	s.f		
the Shell gas Station	1		tera	Potion	J		- 61		
I CERTIFY (OR DECLARE) UNDER PENALTY OF PURJURY U	NDER THE				FOREGO	DING IS T	RUE AND	CORRECT	
SIGNATURE: Dally	,						E SIGNE		
OFFICER/NUMBER:	/						- 2 - 7 E SIGNE		
('. WEUS	113	/				57	2/10		
OUR MISSION STATEMENT: "WE BELIEVE THAT PRESE	RVING LIF	E, ENSURINGJUS	TICE A	ND GUARDII	VG DEM	OCRAĆY I	ARÉ VITAL	TO A SA	FE,

HEALTHY, AND PROSPEROUS COMMUNITY"

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1501971	1 0 5 27
	1331371	2
1 1	STOLEN DISTOLEN DISTO	3
2 1	TRIBAL TOTAL # OF UNITS 02 OBJECT UNITS 5TRUCK	1 8 28
3 1	RESERVATION	2
·	OF OF OF	3
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION V NON-INTERSECTION BLOCK NO.	
4a	DISTANCE OF (REFERENCE OR CROSS STREET)	0 4 29
5	MILES N E I 101ST	
	UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET VES NO NO DAMAGE THRESHOLD MET VES NO NO DE 4253453991	0 1 30
6	LAST NAME DINH FIRST NAME IZAAK MIDDLE INITIAL M	
	STREET 4505 91ST AVE NE	
7	CITY LAKE STEVENS ST WA ZIP 982588796	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS	2
9 9	DRIVER'S LICENSE # DINH*IM015B5 STATE WA SEX M D.O.B 25 _ 1999	3 4 3
10 9	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY 1 NATURE OF INJURIES	1 2 32
11 3 5	LICENSE PLATE # C18586C STATE WA VIN# JT4VN13GXM5068451	2
12 3 5	TRAILER PLATE # STATE STATE STATE	3
13 2	VEH. YEAR 1991 MAKE TOYT MODEL PU STYLE PC VEHICLE TOWED YES NO VEHICLE TOWED YES NO VEHICLE TOWED YES NO VEHICLE TOWED YES NO VEHICLE NO. 1	7 1 33
14 2	REGISTERED OWNER INFO. TAMMY DINH 4505 91ST AVE NE LAKE STEVENS WA 98258 VEHICLE NO. 1 SHADE IN DAMAGED AREA LIABILITY INSURANCE & POLICY # PEMCO CA1118116 1 SHORT IN DAMAGED AREA 2 9 TOP 9 TOP 9 TOP	FROM TO 34
15 2	VERICLE YES NO CITATION # CHARGE CHARGE TO BOTTOM 8 7 6	
16 2	UNIT 02 MOTOR PEDAL- PEDESTRIAN PROPERTY DAMAGE THRESHOLD MET PHONE	4 35
	LAST NAME GREGAREK FIRST NAME MEGAN MIDDLE INITIAL M	
17	STREET NEW ADDRESS 116 140TH AVE NE	37
18	CITY LAKE STEVENS ST WA ZIP 982588022	38
19	CDL RESTRICTIONS ENDORSEMENTS	39
20	DRIVER'S LICENSE # GREGAMM037JQ STATE WA SEX F D.O.B. MMDDYYYY 04 - 18 - 1997	40
21	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE CLASS 1 NATURE OF INJURYES	
22	LICENSE PLATE # AYY7436 STATE WA VIN# JA4MT41R03J028791	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	41
24	VEH. YEAR 2003 MAKE MITS MODEL MONTER STYLE UT VEHICLE TOWED BY GOVERNMENT OF TOWER BY TOWER BY SESSION OF TOWER INFO, MEGAN GREGAREK 116 140TH AVE NE LAKE STEVENS WA 98258	42
	SHADEN DAYAGED AREA LIABILITY INSURANCE I INSURANCE CO STATE FARM 390 8955-B29-47	
25	IN EFFECT VEHICLE VES NO CITATION # CHARGE CHARGE CHARGE CHARGE	
26	OFFICER'S NAME (PRINT) C. WELLS BADGE OR ID # AGENCY WA0311900	
	PART A 3000-345-159 R (7/06)	





CORRECTION

REPORT NO.

E539601

	CASE #	2016-00008255
--	--------	---------------

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) NAME (LAST, FIRST, MIDDLE INITIAL) LACEY BRIAN V ADDRESS & PHONE # D.O.B. MMDDYYY SEX M 4427 83RD AVE NE MARYSVILLE WA 982707042 04 14 2000 NATURE OF INJURIES HELME^T USE SEAT POS. UNIT # AIRBAG RESTR. EJECT 3 2 NAME (LAST, FIRST, MIDDLE INITIAL) TREXEL QUINN ADDRESS & PHONE # D.O.B. 1431 HOYT AVE EVERETT WA 4255307276 SEX M 07 31 2012 NATURE OF INJURIES HELMET USE INJURY CLASS SEAT POS. UNIT # AIRBAG 2 RESTR. EJECT PASSENGER WITNESS 2 6 NAME (LAST, FIRST, MIDDLE INITIAL DALLY JONATHAN N ADDRESS & PHONE # D.O.B. 1027 89TH DR NE LAKE STEVENS WA 98258 2063268774 SEX 08 27 1969 NATURE OF INJURIES SEAT POS. HELMET USE INJURY CLASS WITNESS RESTR. EJECT PASSENGER UNIT # AIRBAG

NARRATIVE

Unit #1 DINH turned left, without granting right of way, in front of Unit #2 GREGAREK was was driving straight ahead.

Unit#2 GREGAREK attempted to stop and swerve to avoid the collision. Unit#2 GREGAREK struck Unit#1 DIHN in the middle of the vehicle.

Eyewitness Jonathan DALLY was following immediately behind Unit#2 GREGAREK and was traveling at 35 M.P.H.

No injuries reported.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS				05-02-1	6 05:28 PN	И			
INVESTIGATING OF	FICER'S SIGNATURE		UNIT OR DIST. DET	DATED		PLACE SIGNED			
APPROVED BY DATE									
R. BROOKS 0013 5/3/2016 5:14:14 AM									
BADGE OR ID #	0424	ORI#	WA0244000		TIME POLICE	DISDATOUED	4:40 DM	TIME POLICE ARRIVED	4.4C DM
BADGE OR ID #	0131	Oni#	WA0311900		TIIVIE POLICE	DISTAICHED	4:12 PIVI	TIME FOLICE ARRIVED	4:16 PIVI

PART B 3000-345-160 R (7/06)

PAGE 2 OF 3

REPORT NO. E539601

CASE# 2016-00008255

DATE AND TIME OF COLLISION 05/02/16 16:11

